

## SCHEDULE 2

### ACCESS REQUEST AND INFORMATION FORM

This Schedule 2 is being executed pursuant to the Customer Connection Agreement (or, if applicable, the CME Globex Customer Agreement) (the "Agreement") between CHICAGO MERCANTILE EXCHANGE INC., a Delaware corporation with its principal place of business at 20 South Wacker Drive, Chicago, Illinois 60606, U.S.A ("CME") and \_\_\_\_\_ ("Company"). Any capitalized terms not defined herein shall have the meaning set forth in Schedule 1 of the Agreement.

Company acknowledges and agrees that it has executed and delivered to CME, concurrently with its signature below, an "Access Request and Information Form", attached to this Schedule 2 as Exhibit A ("Access Request Form"). Access requests for additional locations or more than one CME Globex Access Method must be made on additional Access Request Forms, which can be obtained at [www.cmegroup.com/connectionagreement](http://www.cmegroup.com/connectionagreement), or by contacting CME Globex Services at 312-648-4777. Access Request Forms are effective only upon receipt by CME. Any changes to an Access Request Form may be made only by completing and delivering an Additions, Deletions and Changes form (Schedule 5 to the Agreement), which also can be obtained at [www.cmegroup.com/connectionagreement](http://www.cmegroup.com/connectionagreement), or by contacting CME Globex Services.

**Company has caused this Schedule 2 to be executed by its authorized representative, to be effective as of the date received by CME.**

#### Company

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_  
(Must be an authorized Officer)

Date: \_\_\_\_\_

**Please return completed documentation to:**

CME Global Account Management – CME  
20 S. Wacker Dr.  
Chicago, IL 60606  
Phone: 312 634 8700 Fax: 312 634 1568

or

CME Global Account Management – European Office  
Mark Vogel  
London One New Change, 4<sup>th</sup> Floor  
London EC4M 9AF, UK  
Phone: +44 20 3379 3754 Fax: +44 20 3379 3888

or

CME Global Account Management – Asian Office  
Kwong Cheng  
Singapore Land tower  
50 Raffles Place #47-01  
Singapore 048623  
Ph: +65 6593 5574 Fax: +65 6593 5575

**EXHIBIT A**

**ACCESS REQUEST AND INFORMATION FORM**

This Access Request and Information Form (“Access Request Form”) is being executed pursuant to the Customer Connection Agreement (or, if applicable, the CME Globex Customer Agreement) (the “Agreement”) between CHICAGO MERCANTILE EXCHANGE INC., a Delaware corporation with its principal place of business at 20 South Wacker Drive, Chicago, Illinois 60606, U.S.A. (“CME”) and \_\_\_\_\_ (“Company”).

Any capitalized terms not defined herein shall have the meaning set forth in Schedules 1 and 2 of the Agreement.

Company must review this entire Access Request Form and complete those sections that relate to the CME Globex Access Method Company has selected. Company must sign this Access Request Form in the spaces provided under “Company.”

Any information required to be provided in this Access Request Form shall be treated by CME in accordance with the CME privacy statement, which may be found at [www.cmegroup.com](http://www.cmegroup.com).

Notwithstanding anything to the contrary in the Customer Connection Agreement, billing for connectivity will begin on the date that successful testing of the connection is completed.

<b>Section I: COMPANY INFORMATION</b>		
<b>A. General Information</b> <i>(All Companies)</i>		
Company Name: _____		
Company Address: _____		
Floor/Suite: _____	City: _____	State/Province: _____
Country: _____	Postal Code: _____	Phone Number: _____
Billing Address (if different from address above): _____		
Floor/Suite: _____	City: _____	State/Province: _____
Country: _____	Postal Code: _____	Phone Number: _____

**B. Connectivity Information – Company Site Details** *(All Companies)*

**Site Address:** \_\_\_\_\_ (the “Premises”)

Floor/Suite: \_\_\_\_\_ Cage/Closet: \_\_\_\_\_ City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ On-Site Phone Number: \_\_\_\_\_

**Primary Contact:** \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Secondary Contact:** \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ E-mail: \_\_\_\_\_

Local Phone Company: \_\_\_\_\_

**C. Detailed Installation Instructions** (e.g., closet location, inside wiring instructions, building access, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section II: BANK AND ACCOUNT INFORMATION**

**A. If Company will be billed directly, provide the following account auto-debit information:**

Company Billing Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name of Bank used by Company: \_\_\_\_\_

Name on Bank Account *(a voided check from the account must be attached for verification purposes):*

\_\_\_\_\_

Bank address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Transit/ABA Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

**B. If a person or entity other than Company will be billed, provide the following information:**

Name of CME Account to be billed\*: \_\_\_\_\_

CME Account Number: \_\_\_\_\_

*\* The person/entity that holds the CME Account must provide separate written authorization confirming this billing arrangement.*

**Section III: NETWORK ACCESS OPTIONS**

**A. CME DIRECTLink (applicable to U.S. Companies only): CME-Managed Network\***

Connection Request (please check one to identify your choice of bandwidth):

20 Mbps Ethernet

40 Mbps Ethernet

100 Mbps Ethernet

Ethernet includes primary and secondary circuits of the same bandwidth delivered by different carriers and two routers. *(If your building does not provide access to the CME authorized carriers you have the option of selecting the Ethernet-Hybrid or Ethernet-Traditional options.)*

**\* Inside wiring is the responsibility of Company.**

**B. Client INTERNETLink:**

With this Client-managed option, Company connects to CME via a secure tunnel over the internet.

*Exhibit A.1 at the end of this form must be completed.*

Bandwidth subscription in .5 Mbps increments: \_\_\_\_\_ Mbps

**C. CME NYDR VPN:**

Available for customers that do not have redundancy outside the Chicago area.

*Exhibit A.1 at the end of this form must be completed.*

Existing Site IDs: \_\_\_\_\_

Justification: \_\_\_\_\_

**D. CME Globex Hub Access:**

**1. Select city:**

- London       Milan       Paris       Sao Paulo  
 Singapore       Seoul       Kuala Lumpur       Mexico City

**2. Indicate the carrier Company will use to connect to each Data Center**

**a. London CME Globex Hub**

- Verizon/UK5 \_\_\_\_\_  
 Interoute/Global Switch \_\_\_\_\_

**b.  Milan CME Globex Hub     Paris CME Globex Hub     Sao Paulo CME Globex Hub**

- VZB Data Center \_\_\_\_\_  
 Sprint Data Center \_\_\_\_\_

**c. Singapore CME Globex Hub**

- AT&T Data Center \_\_\_\_\_  
 NTT Data Center \_\_\_\_\_

**d. Seoul CME Globex Hub**

- VZB Data Center \_\_\_\_\_  
 NTT Data Center \_\_\_\_\_

**e. Kuala Lumpur CME Globex Hub**

- AIMS Data Center \_\_\_\_\_  
 Cyberjaya Data Center \_\_\_\_\_

**f. Mexico City CME Globex Hub**

- REDit Data Center \_\_\_\_\_  
 KIO Data Center \_\_\_\_\_

**Note:** All customers must contact CME Globex Services to obtain the data center addresses, data center contacts and demarc information.

**3. Date circuit(s) ordered (if available):** \_\_\_\_\_

**4. Carrier Order Number(s) (if available):** \_\_\_\_\_

**E. CME LNet:**

Customer or Customer's service provider is required to have fiber directly to the respective Meet Me Room for the respective offering. This option is not available to exchanges other than Participating Exchanges.

Select facility:

Telx       Equinix       Savvis       Open

Connection Request (please check one to identify your choice of bandwidth):

40 Mbps Ethernet

100 Mbps Ethernet

Provide floor and suite location where equipment will be installed: \_\_\_\_\_

Cabinet and/or rack information: \_\_\_\_\_

If space is leased through a third party, please name: \_\_\_\_\_

*Companies are required to have space pre-arranged at the specific co-location facility before submitting this form. Please note that floor and suite location must be within the predefined and CME Group approved space in the facility. Any and all charges required from the fiber provider/data center to allow the customer successful acceptance by CME are the sole responsibility of the customer.*

**F. Jackson Direct:**

Company works with the internal fiber provider to extend service to fiber Meet Me Room. Company owns the installation and ongoing relationship with the fiber provider and is required to have space pre-arranged at the specific location before submitting this form.

Provide the floor and suite location where equipment will be installed for access to CME in the 141 Facility: \_\_\_\_\_

Select authorized CME fiber provider:  Cogent      or       FiberNet

Does the required fiber exist or is a build required? \_\_\_\_\_

If a build is required, is there an estimated time of completion by the fiber provider? \_\_\_\_\_

Select bandwidth subscription:  40 Mbps Ethernet      or       100 Mbps Ethernet

*Any and all charges required by the fiber provider to allow the customer successful acceptance by CME are the sole responsibility of the customer.*

**G. CME GLink:**

Available only if Company is a CME co-location licensed space holder with required Agreements on file (Connection Agreement, Master Co-Location Services Agreement and Market Data License Agreement).

Select One:

1 Gbps       10 Gbps with inbound rate limited to 1 Gbps

Provide location within Co-Location facility (if available) \_\_\_\_\_

**H. CME EConnect:**

To ensure proper end-to-end circuit delivery, when customers request quotes from their Telco providers, the request should state that the Telco needs to include any cross connect/extension that may be required to get the Telco circuit to the CME-provided demarcation point. This option is not available to exchanges other than Participating Exchanges.

Each data center connection must be a GigE hand off and you are required to complete each data section below for each data center connection: CME will provide Letter of Authorization (LOA) as needed.

**Sidera**

Select Carrier:

Verizon Business     AT&T     Reliance     Sidera    Other \_\_\_\_\_

Indicate type of fiber connection:

Co-located within data center and will cross connect to CME within facility

Cabinet and/or rack information: \_\_\_\_\_

Not co-located/Carrier to drop at MMR demarc\*

*\*The cross connect is the sole responsibility of the customer. In the case where the customer is not co-located, the telecom provider must order the cross connect for the customer.*

**Telx**

Select Carrier:

Verizon Business     AT&T     Reliance     Sidera    Other \_\_\_\_\_

Indicate type of fiber connection:

Co-located within data center and will cross connect to CME within facility

Cabinet and/or rack information: \_\_\_\_\_

Not co-located/Carrier to drop at MMR demarc\*

*\* If you are not currently a Telx customer an Agreement with Telx is required for billing purposes.*

**Section IV: CME INTERFACE OPTIONS**

**If Network Options A, B, C, E or F, please identify the CME Globex Interface(s) to which you would like to connect:**

iLink® 2.X (Order Execution)

CME Market Data Platform

CME EOS Trader™

Clearing Related Processing (3270 Telnet, MQM, FTP, VPS, Clearing 21, TOPS, Citrix)

**Section V: CONTACT INFORMATION (All Companies)**

**A. Company Billing Contact**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_ FAX: \_\_\_\_\_

**B. Company Business Contact**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_ FAX: \_\_\_\_\_

**Company has caused this Schedule 2 to be executed by its authorized representative, to be effective as of the date received by CME.**

**Company**

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_  
(Must be an authorized Officer)

Date: \_\_\_\_\_

**Please return completed documentation to:**

CME Global Account Management – CME  
20 S. Wacker Dr.  
Chicago, IL 60606  
Phone: 312 634 8700 Fax: 312 634 1568

or

CME Global Account Management – European Office  
Mark Vogel  
London One New Change, 4<sup>th</sup> Floor  
London EC4M 9AF, UK  
Phone: +44 20 3379 3754 Fax: +44 20 3379 3888

or

CME Global Account Management – Asian Office  
Kwong Cheng  
Singapore Land tower  
50 Raffles Place #47-01  
Singapore 048623  
Phone: +65 6593 5574 Fax: +65 6593 5575

## EXHIBIT A.1

**CHICAGO MERCANTILE EXCHANGE INC.**  
**Request for**  
**Client INTERNETLink and/or CME NYDR VPN**

<b>Company Profile</b>	
Company Name:	
Preferred implementation date:	
Physical address of VPN Site:	
Company Project Manager:	
Phone Number:	
Email address:	
Contact hours/time zone:	
Primary Network Engineer:	
Phone Number:	
Email address:	
Contact hours/time zone:	
Backup Network Engineer:	
Phone Number:	
Email address:	
Contact hours/time zone:	
Is VPN Consulting Contact recommendation needed:	

<b>Company VPN Device Profile</b>	
Manufacturer of VPN device:	Cisco Router (preferred) <input type="checkbox"/> Cisco PIX/ASA Firewall <input type="checkbox"/> Checkpoint Firewall <input type="checkbox"/> Juniper Router/Firewall <input type="checkbox"/>
Model of VPN device:	
Version of VPN software (minimum 12.2.11.T1 if Cisco IOS):	
Source Public IP Addresses assigned to VPN device:	
Is VPN device currently in use for other VPN connections:	
Subscribed bandwidth (500 Kbps increments):	
<b>CME Encryption Requirements (all must be checked)</b>	
VPN Software Supports Preshared Keys for ISAKMP/IKE?	<input type="checkbox"/>
VPN Software Supports AES Encryption for ISAKMP/IKE?	<input type="checkbox"/>
VPN Software Supports SHA Encryption for IPsec?	<input type="checkbox"/>
VPN Software Supports AES Encryption for IPsec?	<input type="checkbox"/>
<b>Company Addressing Scheme</b>	
<u>Select one of the following Source Addressing Schemes:</u>	
Company will NAT their Source Addressing to CME provided addressing	<input type="checkbox"/>
CME provided addressing will be used on Company Source devices	<input type="checkbox"/>

<b>CME use only</b>	
Globex Account Management contact:	
Date initial request was received:	
Date request was approved:	
Company Network Diagram attached:	